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WOMEN

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Art-Based Health Education for Homeless and Marginally Housed Women in San Francisco

University of San Francisco

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Abstract

San Francisco currently has the highest rate of unsheltered homeless persons in the United States. Between limited resources and stigma many women included in this most vulnerable population are left with little to no support. Cis women as well as trans and non-binary people are at high risk for negative mental health outcomes due to violence (physical and psychological), stigma, lack of social support, societal marginalization, and the lack of healthcare. Lyon-Martin Health Services and the Women's Community Clinic, in San Francisco's Mission Neighborhood, caters to this community through its Outreach Department. Following a staff and outreach client needs assessment an art-based health education workshop curriculum was developed. The Art & Wellness Class was implemented in response to the increasing need for comprehensive health education and the lack of safe spaces catering to homeless and marginally housed cis women, trans people, and non-binary individuals. This seven session workshop pilot was provided on a weekly basis and provided both a safe space for relaxation and self-expression, as well as an opportunity to learn about self-care and preventative health care services provided by the clinics. Qualitative data supports client centered art-based health education as an effective tool to address the health challenges of this marginalized community.

Keywords: Art-based health education; Mental Health; Mindfulness; Health Education; Homeless; Homeless Women; Marginally Housed Women; SROs; San Francisco

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Homelessness and being marginally housed are social phenomena that plague all cities in the United States (and globally), and one that challenges federal, state, city planners, and legislators equally (Council of Economic Advisors, 2019). Housing was declared a fundamental human right in 1991 (American Public Health Association, 2017). However, 20,000 people in San Francisco will experience homelessness each year (Stolen Belonging, N.D.). Women carry even more of a burden when proper housing is not provided including the maintenance of their safety, health, and well-being (Nyamathi, Leake, & Gelberg, 2000). This paper reports on the Art & Wellness Class, a seven session workshop pilot implemented at Lyon-Martin Health Services and the Women's Community Clinic, an integrative health clinic in the Mission Neighborhood of San Francisco.

Background

Homelessness in San Francisco

Each year approximately 20,000 people experience homelessness in San Francisco (Stolen Belonging, N.D.). San Francisco has the fourth highest rate of sheltered homeless persons at a rate of 94.3 per 10,000 people and the highest rate of unsheltered people at 59.8 per 10,000 (Council of Economic Advisors, 2019). As of January 2019, 8,011 individuals in San Francisco were experiencing homelessness (Department of Homelessness and Supportive Housing, 2019). In attempt to discover the racial makeup of homeless people in San Francisco, HUD used a 1,025-person sample population, and identified 29% as white, 37% as African American, 22% as multiracial, 5% as American Indian or Alaska Native, 5% as Asian, and 2% as

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Native Hawaiian or Pacific Islander (Department of Homelessness and Supportive Housing, 2019). Seventy percent of homeless people in San Francisco reported being residents of San Francisco when they became homeless (Department of Homelessness and Supportive Housing, 2019).

The primary causes of homelessness in San Francisco are loss of job (26%), alcohol or drug use (18%), eviction (13%), argument with family or friend (12%), mental health issues (8%), and breakup (5%) (Department of Homelessness and Supportive Housing, 2019). The majority of homeless people in San Francisco report the primary obstacles to finding permanent housing as the inability to afford rent (63%), lack of job/income (37%), having no money for moving costs (19%), difficulty with the housing process (18%), and lack of available housing (15%) (Department of Homelessness and Supportive Housing, 2019).

Should an individual find transitional housing it may be in a SRO hotel. The majority of low cost housing available in San Francisco are SROs which have recently become a popular topic of conversation due to health violations (Health Impact Assessment Program, 2017). The most commonly found SRO violations in San Francisco between 2008 and 2012 include mold, refuse, animals/ pests, sanitation, and structural conditions (Health Impact Assessment Program, 2017). The potential health outcomes associated with these violations are respiratory illness, gastrointestinal illness, injuries resulting from falls, and psychological distress (Health Impact Assessment Program, 2017). In addition, SRO residents have numerous factors contributing to their vulnerability to negative health outcomes which include low income status, old age, being of color, and living in communities with high environmental risks (Health Impact Assessment Program, 2017).

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Homeless women in San Francisco are an extremely diverse and highly vulnerable population. Forty percent of homeless people living in San Francisco identify as cis women, four percent as transgender, and one percent as non-binary (Department of Homelessness and Supportive Housing, 2019). Cis and trans women have very unique needs and experiences in relation to seeking care which are vital to their wellbeing. In addition to the hardship of being homeless or marginally housed women may have negative experiences when seeking health care and vital resources. When these needs are left unmet they may result in negative mental and physical health outcomes.

Through local, state, and federal funding the city and county of San Francisco provide resources to individuals suffering from homelessness (Department of Homelessness and Supportive Housing, 2019). Seventy-three percent of people currently homeless in San Francisco receive government assistance (Department of Homelessness and Supportive Housing, 2019). Those who reported not receiving government benefits reported either not wanting assistance (30%), believing they were ineligible (15%), never applying (14%), having their benefits turned off (14%), being turned down (6%), and having applied and awaiting response (5%) (Department of Homelessness and Supportive Housing, 2019). The health and wellbeing of the homeless is a unique situation given the numerous risks they are exposed to on a daily basis. The next section addresses health issues of the San Francisco homeless.

Health Issues of San Franciscan Homeless

The risk for many acute and chronic ailments is high for homeless people (Institute of Medicine (US) Committee on Health Care for Homeless People, 1988). Seventy-four percent of the homeless population in San Francisco are currently living with one or more health conditions

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(Department of Homelessness and Supportive Housing, 2019). Health conditions most commonly experienced are drug and/or alcohol abuse (42%), mental health conditions (39%), and post-traumatic stress disorder (37%) (Department of Homelessness and Supportive Housing, 2019). As vital as it is that these individuals receive care, 14% of the total homeless population surveyed in the San Francisco 2019 Point-in-time Survey reported that they were not receiving any local health care (Department of Homelessness and Supportive Housing, 2019). Moreover, between 2013 and 2015 in the San Francisco Tenderloin neighborhood there were 461 drug-related deaths and 256 deaths in the SOMA neighborhood all associated with SROs (Health Impact Assessment Program, 2017).

Homelessness and women's health. For women, homelessness has demonstrated the probability to contribute to the increased risk of many women's health concerns. Shelter status has been found to cause variations in health among homeless women. Unsheltered homeless women are more likely to report the usage of non-injection drugs, alcohol use, experiences of victimization, poor mental health, multiple sexual partners, experience of pain, and recently acquired STIs (Nyamathi et al., 2000). In a study conducted by Hahn, Kushel, Bangsberg, Riley, & Moss, women reported the desire for their clinicians to discuss sexual health and the details of medical procedures more frequently (2006).

Unfortunately, the health of children and infants is also impacted by homelessness experienced by women. The rate of women with children experiencing homelessness has been increasing since the 1980s (Takahashi, McElroy, & Rowe, 2002). Researchers have found that babies born to homeless mothers have a lower birth weight and are on average 17.4 grams lighter than non-homeless women's infants (Merrill, Richards, and Sloan, 2011). Homeless women are more likely to experience several negative health variables which influence low birth weight

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such as being less likely to receive prenatal care early on in their pregnancy (Merrill et al., 2011). In addition to high levels of stress homeless women experience on a daily basis, homeless women also experience vaginal bleeding, nausea, preterm labor, kidney/bladder infection, and prior low weight births at as significantly higher rate than housed women (Merrill et al., 2011).

Homeless children regularly experience stressors including community violence, interpersonal violence, maternal psychiatric disorders, limited resources, and parental drug abuse (Alhusen, Norris-Shortle, Cosgrove, & Marks, 2017). Children who are homeless have been found to have higher rates of behavioral problems and mental health issues requiring clinical evaluations (Alhusen et al., 2017). Previous research comparing the development of homeless and low income housed children found that younger children performed better than older children (Alhusen et al., 2017). This finding suggests that homelessness has a negative impact on child development overtime (Alhusen et al., 2017).

Barriers to healthcare for homeless women. The challenge of addressing the health conditions experienced by the homeless population is far more complex than the simple provision of resources. There are external and internal barriers to the healthcare system and public aide services which impact access and quality of resources for homeless and marginally housed people. These barriers only exacerbate for women. Some barriers to healthcare include access to primary care clinicians and specialists, difficulty navigating health coverage, lack of access to nutritional foods, fear of medical procedures and test results, concern for side effects of medication, lack of storage for medication, lack of adequate pain management as a barrier to sobriety, conflict between prioritizing health over additional priorities, and previous trauma (Hahn et al., 2006).

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In addition, women experiencing homelessness also report long wait times and being too sick to seek care (Lewis, Andersen, & Gelberg, 2003). This addresses the concern of unmet need among women experiencing homelessness (Lewis et al., 2003). In a study conducted by Lewis et al., 37% of the sample size ages 15-44 reported having not seen a health professional despite wanting to (2003). Specialty care is extremely difficult to navigate when facing homelessness (Lewis et al., 2003). It can be difficult to receive specialty care (vision, dental, orthopedics, and etc.), not to mention navigating cost (Lewis et al., 2003). It is necessary for medical institutions to allocate staff and resources to counsel patients in health coverage and referrals (Salem & Ma-Pham, 2015).

Mental health resources for homeless women. When facing homelessness women are disproportionately exposed to violence and in turn experience higher rates of negative mental health outcomes including depression (Alhusen et al., 2017). Mental health diagnoses also increase an individual's exposure to violence (Alhusen et al., 2017). Homeless women are more likely to experience various stressors in comparison to housed women including having an ill family member, having a pregnancy undesired by partner, loss of employment, a partner's loss of employment, inability to pay bills, to experience incarceration, and having a partner who is incarcerated (Merrill et al., 2011). In addition to frequently experienced stressors, homelessness subjects its victims to stigma which further marginalizes and places this vulnerable population at a higher risk for psychological trauma (Takahashi et al., 2002).

In an attempt to address mental health among the homeless population San Francisco's mayor, London Breed, announced a new initiative providing long-term care to those experiencing homelessness, severe mental health disorders, and substance abuse (Office of Mayor, 2019). The pilot program will identify 230 behavioral health clients who are homeless

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and create long-term care plans to ensure client ability to live in permanent housing (Office of Mayor, 2019). In support of the expansion of behavioral Health services in San Francisco, the city has an increased budget of \$50 million dollars which will provide over 100 behavioral health beds and supplemental services (Office of Mayor, 2019).

Social support. Research has shown social support can be extremely beneficial to those with mental health diagnoses (Sheehy, 2014). However, as previously mentioned, stigma subjects those experiencing homelessness to marginalization (Takahashi et al., 2002). The bureaucratic nature of the U.S. health care system requires individuals meet specific criteria in able to receive specific publicly funded resources for homeless people (Takahashi et al., 2002). Ultimately, the limitation and distribution of these services geographically constrict those suffering from homeless to specific areas (Takahashi et al., 2002). The combination of a profound lack of social support and myriad of additional stressors experienced by homeless people can result in life threatening negative physical and mental health outcomes (Alhusen et al., 2017).

Research concerning the causes of homelessness has most often focused on men. However, women experience specific issues including pregnancy and responsibility of children/dependent(s), intimate partner violence, and victimization (Takahashi et al., 2002). An individual's social support system may serve as a protective factor and in some cases a cause of homelessness (Takahashi et al., 2002). In recognition of the complex role social support plays in homelessness, it is also important that public health programs and health care providers learn to navigate social support as a protective factor.

Women who are experiencing homelessness are subject to various unhealthy conditions (Merrill et al., 2011). The majority of homeless women rely on social services for their well-

being. Identifying as “homeless” is often required to receive support from publicly funded programs (Takahashi et al., 2002). However, being labeled homeless is also used in society to further marginalize this population (Takahashi et al., 2002). Due to the increased mental and physical health risks women experience during homelessness is important to provide patient-centered interventions to improve health outcomes.

Health Benefits of Art and Mindfulness

The merger of healthcare and art has been found to be highly beneficial. Art provides the opportunity for creativity and self-expression (Rollins, Sonke, Cohen, Boles, & Li, 2009). In addition, art can engage patients in health promotion and wellness activities; providing the opportunity to improve patient understanding of health concepts (Rollins et al., 2009).

Mindfulness is associated with numerous psychological and interpersonal benefits including improved coping, self-efficacy, self-compassion, and emotional regulation (Alhusen et al., 2017). Mindfulness has also been found to decrease chronic pain, fatigue, and depression (Alhusen et al., 2017).

The utilization of art or self-expression in healthcare has been found to improve mental health by reducing stress (Society for the Arts in Healthcare, 2009). Art also improves community health by engaging patients in health education (Society for the Arts in Healthcare, 2009). Research has shown art in healthcare to improve communication between patients and medical staff, attitudes towards medical procedures and/or hospitalization, and pain management (Society for the Arts in Healthcare, 2009). The arts also have the ability to engage various demographics and cultural backgrounds (Americans for the Arts, 2008).

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Studies have demonstrated the positive effects of using art as a tool for wellness and health education (Alhusen et al., 2017; Herman and Larkey, 2006). Herman and Larkey used art-based curriculum to address the lack of representation of the LatinX community in clinical trials as well as breast cancer awareness (2006). Alhusen et al. sought to discover the benefits of mindfulness on mother-child relationships, using a research-based mindfulness program, SHINE (Support, Honor, Inspire, Nurture, & Evolve) (2017). Both of these studies used a creative approach, art or mindfulness, to engage participants in health education and/ or behavioral change.

Herman and Larkey (2006) conducted a two-year, controlled study which used art as a way to build community and include culture while teaching Latinas about breast health. The researchers obtained information during a town hall meeting in which community members were separated into groups led by medical professionals. Community members were questioned on ways to incorporate art into prevention and the importance of clinical trials. The researchers incorporated these ideas and used them to guide the development of the curriculum. Curriculum included visual aids from the American Cancer Society and the National Cancer Institute.

The study's sample was primarily Mexican American women who lived in Phoenix, Arizona (Herman & Larkey, 2006). The program included two 2-hour sessions which included facts about breast cancer, prevention clinical trials, self-breast examination, clinical breast examinations, and mammography. The control group, non-art-based, consisted of 263 women and 22 classes. The intervention group, art-based, included 224 women and 21 classes in which an art activity was introduced in the beginning. In the first session participants created maché torsos with messages about breast health, community, and self-care. The torsos provided imagery for the different methods of breast cancer screening. During the second session the

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participants created keepsake boxes that held messages and presented the idea of sharing information and the importance of clinical trials. Participants were given two questionnaires: one administered before the first session and another after the second session. Both the control and intervention Herman and Larkey found that correct answers increased between sessions and the difference in improvement was not found to be statistically significant. Participants willingness to enroll in a clinical trial was high for both groups.

The study, SHINE conducted by Alhusen et al. (2017), was implemented in Therapeutic Nursery (TN), a preschool program which caters to children and their caregivers. As a ten-week program, SHINE, employed interactive exercises, peer education, and Mindful Awareness Play (MAP) an intervention used to strengthen family attachments and address trauma-induced delays in development and regulation. As a part of the SHINE program evaluation, participants were invited to participate in an individual video-recorded interview within one month of the program completion. The mothers were all ages 24- 44, self-identified as African American (71%) or white (29%), and attended an average of 5.6 mindfulness sessions. The researchers identified four common themes: Appreciation for “me” time, behavior regulation, improved connections with children, and their children’s improved communication and behavior. Alhusen et al. (2017) found that mindfulness serves as an asset for those who suffer from homelessness and experience stressors which prevent the allocation of time to self-nurture. They concluded that mindfulness can potentially improve interpersonal relationships and self-regulation.

Although the above comprehensive studies have produced evidence that mindfulness and art can be effective to reduce stress and enhance self-care in homeless populations, there exists a lack of interventions which incorporate physical activity and comprehensive health education, while also addressing mindfulness for the homeless population, especially cis women, non-

binary, and trans individuals. In addition, there is very little research on interventions which have taken place in San Francisco. As previously discussed, San Francisco has a unique and diverse population with various factors contributing to homelessness. It is thus imperative for any intervention or program implemented in San Francisco aimed to enhance the health and wellbeing of homeless and marginally housed, that a needs assessment be an integral component, especially to identify unknown barriers to utilization and access to health promotion services.

Methods

Setting

Lyon-Martin Health Services (LMHS) and the Women's Community Clinic (WCC) have a collective history of 60 years in providing healthcare to the underserved in San Francisco. These two clinics recently merged after being purchased by Health Right 360. Lyon-Martin Health Services was founded in 1979 as a primary care clinic that specialized in women's and trans health care. The Women's Community Clinic was founded in 1999 and strived to provide preventative as well as primary and gynecologic care to uninsured and underinsured women and girls.

The partnership, under Health Right 360 has ensured continued access to Lyon-Martin Health Services and the Women's Community Clinic's services for established patients and the community. As one united health center, LMHS and WCC now provide trauma informed, patient-led care to its patients. Specializing in LGBTQ care LMHS and WCC provide a wide range of services including primary care, gynecologic care, mental health services, transgender health services, and health coverage enrollment but do not offer services to cis men. All Lyon-Martin and WCC services are offered regardless of the ability to pay. The goal of Lyon-Martin

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Health Services and the Women's Community Clinic is to provide integrated care with a gender and social justice focus. Together, they strive to build community and improve the health outcomes of those historically oppressed due to gender and sexual orientation.

With a social justice lens the LMHS and WCC outreach department manage multiple workshops and initiatives that cater to the homeless and marginally housed community. Some examples include: Femmes and Friends, a weekly event which transforms the LMHS & WCC waiting room into a celebration of gender and sexual pride; a weekly clinic where walk in appointments with a LMHS & WCC clinician are offered to those at a Woman's Place Drop-In, Kick Your Feet Up, where clients relax in anti-gravity chairs and consult with a clinician about their foot health, and a street outreach program each Monday night, where clinic staff and volunteers hand out meals and supplies at SROs and the nearby train station. Femmes and Friends is quite comprehensive whereby clients come to the clinic every Tuesday for a meal, supplies (hygiene supplies, clean needles, sanitary napkins, and tampons), sexual health products (condoms, internal condoms, lube, and dental dams, and medical supplies), and activities such as bingo, movies, karaoke, and more. In an effort to expand upon services offered and meet the unique needs of the homeless and marginally housed community, LMHS and WCC developed the Art and Wellness Class, which is an specific seven session workshop, and provides movement and mindfulness classes to outreach clients. The Art & Wellness Class is described in more detail in the next section.

Project: Art & Wellness Class

In recognition of the limited availability of and decreased utilization of mental health resources (and their utilization), as well as the availability of safe, and empowering spaces that

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cater to cis and trans women, and non-binary people who are in unstable housing situations, Lyon-Martin Health Services and the Women's Community Clinic determined the need for effective methods to provide this unique population tailored health education to improve their overall health status. Therefore, the goals of this project were to 1) establish a curriculum for a series of health and wellness education workshops incorporating creative art projects, and 2) to pilot a series of workshops and evaluate their feasibility, effectiveness, and overall satisfaction.

Needs assessment. Throughout the development and creation of the workshop curriculum it was essential for the clients to be included. However, it was also important that the workshop provide factual information relevant to the target population homeless and marginalized cis women, trans women, and non-binary people. In attempt to gain insight on the barriers to health care and need within the community served by the Lyon-Martin Health Services and the Women's Community Clinic, a needs assessment was conducted for both staff and outreach clients. Participation in the needs assessment was voluntary for both staff and clients. The intention of the staff needs assessment (See Appendix A) was to gain an understanding of patient need from the staff perspective. Questions were a mixture of Likert Scale and open ended questions and assessed staff experiences with treating the target population. In addition to their perspective on the clients' specific health education needs, their concerns for patients in relation to cold exposure were also solicited through the survey. Staff received the survey in emails and their mail boxes.

The patient needs assessment explored patient/provider experiences, patient access to health care, personal barriers, patient needs, and health education interests (See Appendix B). Question style varied and the survey consisted of questions on a 5 point Likert Scale, dichotomous questions (yes or no), free response, and multiple response selections. Some of the

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health education topics were pulled directly from the staff needs assessment where staff provided ideas for health education topics for patients based on knowledge gaps they had witnessed in the past. This was assessed on the staff survey with the questions, “Are there any specific health and/or wellness topic(s) you think outreach clients would benefit from?” and “What are the primary health concerns experienced by your patients?” Clients’ input of their specific health education needs were solicited using a multiple response selection of health topics and the following prompt: “Please circle any of the topics/activities you may be interested in.”

Needs assessment results. Six staff members responded to the needs assessment. Eighty-three percent of staff (n=5) reported having patients who report having health threatening stressors on a daily basis (See Appendix C). Sixty-six percent of staff reported that patients report having little to no support system at least once a day (n=4). Staff also identified psychosocial stressors, mental health, substance abuse, lack of STI knowledge, food access, housing, and access to medication as some of their patients’ many primary health concerns. Knowledge of STIs, STI testing, and screenings were also emphasized as information staff thought their patients could benefit from.

The needs assessment interviews for outreach clients were conducted during the Femmes and Friends outreach event on Tuesday evenings. The interviews lasted for a range of twenty to thirty minutes and the interviewer scribed responses during the client interviews (See Appendix D). A total of thirteen outreach clients participated. Thirty percent of outreach clients (n=4) reported having no trouble accessing health care when they need it. Findings of social support were high with seventy-six percent of patients (n=10) reporting having someone they feel comfortable talking to. Sixty-nine percent (n=9) reported having experienced a negative event within the past year which affected their housing situation. When asked if they would benefit

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from health and wellness education seventy-five percent of patients (n=10) said they would. One patient reported that they “would attend even if it was something [they] already knew about because of refreshers.”

Some of the primary health concerns during the fall and winter identified by patients included anxiety attacks, cold and flu, warm weather clothing and blankets, untreated diagnosis, and strep throat. Patients also reported wanting to learn more about advocacy for self in the aspect of health care, wellness, drug usage and dependence, and mental health as a factor for substance abuse. The health topics and wellness activities that received the highest ratings were journaling, breathing techniques, self-defense, nutrition on a low budget, art activities, and immunizations. All of the information gained in the needs assessment were used to develop the Art & Wellness Class curriculum. The health topics which staff identified as important and relevant as well as those that patients expressed interest in were then used to plan out the workshop sessions.

Workshop design. The Art & Wellness Class was developed and implemented in an effort to improve patient compliance, provide comprehensive health education, address personal mental health management, provide long term tools for patient health, and develop a space where clients felt safe and can practice the freedom of expression. The Art & Wellness Class pilot comprised seven sessions (See Appendix E). Each session included a health lesson from a Lyon-Martin Health Services and the Women’s Community clinic staff clinician followed by a question and answer session. During each class an infographic was provided addressing the health topic of the day. Health topics included wellness exams such as pap smears and FIT Test (colorectal cancer screening), physical health, and various topics of concern including air quality and sleep hygiene. The use of art and physical health served as a method to build participants

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interest in the workshop and also to provide participants with various methods to support and manage their own mental health. The activities included yoga, dance workouts, pastel coloring, painting, and holiday inspired activities including pumpkin decorating for Halloween. A workshop of this nature requires well developed client centered materials. With this in mind a curriculum was created to make replication of the sessions easier (See Appendix F).

LMHS and WCC receive food donations from Amazon and Food Runners a volunteer based organization which strives to prevent hunger and food waste in San Francisco (Food Runners, N.D.). With these partnerships LMHS and WCC was able to provide dinner during every Art & Wellness Class session. An additional feature of the Art & Wellness Class was the Patient Art Wall (See Appendix G). Following every art class, clients decided if they wanted to keep or add their art to the wall.

In an effort to create a well-rounded, client-centered workshop it was important to consider the needs and traumas of all populations served. The process of gender affirmation may be stressful for those who identify as trans or non-binary (Gordon, 2016). Lyon-Martin and the Women's Community Clinic is very passionate about gender affirming care. In light of these considerations and the impact of language, a gap in gender inclusive health education materials was found during the needs assessment. As a part of the Art & Wellness Class infographics were created to provide gender sensitive education services and to address the unique concerns specific to those who are homeless and marginally housed. Factors such as language, previous patient knowledge/ understanding of concepts, organization, validity of information, and visual impairments and learning disabilities such as dyslexia and low visual acuity were considered when designing and formatting the infographics. Facts used in the infographics were found

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using information provided by the Centers for Disease Control and verified by Lyon-Martin Health Services and The Women's Community Clinic's staffed clinicians.

On the occasion that the session activity involve movement, the workshop was held at A Woman's Place Drop-In Center located just a few paces away from LMHS and WCC. Conveniently, many of the clinic's patients who attend outreach events regularly also visit A Woman's Place often. Having the Art & Wellness class in such close proximity to LMHS and WCC made the class more accessible to frequent visitors to A Woman's Place and no less convenient for other clients. When the class involved movement, it was held in a larger space within the clinic. To promote the Art & Wellness Class, flyers were distributed throughout the clinic and passed out during other outreach workshops such as Femmes and Friends and Kick Your Feet Up (See Appendix H).

Outcomes measured. In consideration of time and as to not deter client compliance, each workshop evaluation was given post-workshop and consisted of nine questions total. The post workshop questionnaire included client age, a self-rating of health topic understanding, likelihood to practice the art of movement activity outside of the workshop, satisfaction with the workshop session, and patient comfort (See Appendix I). Client satisfaction, safety, and understanding of health discussions/ materials are extremely important. Following each session client responses were reviewed and considered for the next Art & Wellness Class session.

Results

Participant ages varied from 18-24 years to 60 plus years. There were 45 participants during the initial seven meetings of the Art & Wellness Class. Each workshop averaged eight participants. Overall, the class as a whole received positive reviews. Unfortunately, since the

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questionnaire was offered at the end of each workshop not all participants were able to provide their feedback. However, every participant who did complete the post-workshop questionnaire reported feeling welcomed and safe. In addition, every participant found learning about the various health topics while completing an art activity helpful. Eighty-three percent of participants found the workshops to be extremely beneficial. It was observed that the inclusion of staffed clinicians in each workshop also helped to improve patient-provider relationships and ultimately patient compliance. Following the second session which included a pastel art activity and discussion of the prevention of cervical cancer, three participants made appointments to get pap smears.

Movement workshops had decreased participation in comparison to sessions with art activities. The average number of participants in movement sessions was 3.5 as opposed to the other sessions which averaged 7. Extreme weather exposure may have been a barrier to participation in classes which require high energy from participants. Another possible barrier to participation in movement workshops was the disadvantage of needing to carry all of one's belongings with them. Although, movement sessions had fewer participants, those who were present found the movement sessions extremely rewarding. During a dance workout class, a participant expressed how simple and fun the exercise was despite her having weak knees. In the post-workshop questionnaire, a participant wrote, "This was so relaxing, safe, and nurturing to my soul."

Despite the welcoming nature of Lyon-Martin and The Women's Community Clinic clients may be uncomfortable with bringing their personal items or worry they may have a negative interaction with staff if they bring their items. In consideration, LMHS & WCC always welcomes clients to bring their belongings with them or to simply have a meal and join for the

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health discussion. Regardless of individual access barriers experienced by clients, each session received positive feedback. Overall, patients felt safe, learned something new, and had positive interactions with staff.

Discussion

The Art & Wellness Class addressed the negative health outcomes resulting from lack of health education, patient-provider relationships, limited health care access, and lack of social support in select homeless and marginally housed women in San Francisco. This workshop increased participants' knowledge of various health disorders, wellness exams, and medical procedures. The Art & Wellness Class convened cis women, non-binary, and trans people from all age groups and backgrounds. Addressing wellness through art could be used as a tool in other interventions for this population. Furthermore, the Art & Wellness Class was developed with a social justice lens. The diverse interests, cultures, and backgrounds were kept in mind when developing each session. When addressing certain health topics, it was important to consider the unpredictability and lack of control one experiencing homelessness may have over their circumstances such as sleep, nutrition, and exercise. It is important for public health professionals to consider the homeless populations' limitations when implementing an art and wellness workshop tool to improve their health outcomes as lessons learned.

The Art & Wellness Class at LMHS & WCC had a very small budget and limited resources. Increased success in participation could occur if the class had one space for both art and movement exercises. Although improving participants' health knowledge was a major goal for the workshop, it was challenging to track learning outcomes without creating additional tedious tasks which sometimes contradicted the mindful and relaxing nature of the workshop. It

is also important that in the event of replication, program designers should prioritize planning and evaluation, and seek insight from professionals who work closely with the homeless and marginally housed population in addition to the population itself.

Public Health Implications

The Art & Wellness Class served over forty participants, which is only a very small portion of the San Francisco homeless population of 20,000 people (Stolen Belonging, N.D.). However, the success within this very small workshop shows potential for this curriculum to become successful on a higher scale. The curriculum itself is very versatile and can be simply augmented to improve its impact. Lyon-Martin Health Services and the Women's Community clinic could potentially increase the number of Art & Wellness Class' participants through outreach and partnerships between local organizations and the San Francisco Public Health Departments. LMHS and WCC have a long history, as trusted medical homes in San Francisco—sixty years combined; Art & Wellness Class has great potential to expand and build upon their foundation. With the homeless population in San Francisco on the rise, workshops such as the Art & Wellness Class could be one way to improve health promotion efforts including self-care tools, as well as access to, and utilization of, preventative healthcare services.

Conclusion

The Art & Wellness Class is a patient-centered art-based health education program. Participation in the Art & Wellness Class created improved patient-provider relationships and improved patient understandings of various health topics including wellness exams, physical fitness, and seasonal health concerns. Creating a safe place in which those experiencing

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homelessness are able to practice mindfulness and improve their overall health should be a priority for public health professionals seeking to improve the health of this vulnerable population. This innovative approach combining art and health education helps to increase patient compliance, support, and increased use of mental health supporting practices such as mindfulness. The Art & Wellness Class curriculum can help make beneficial changes in the way this marginalized population experiences healthcare and create improvements in their health outcomes.

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Appendix A
Lyon-Martin Health Services and Women's Community Clinic
Outreach Program Population Needs Assessment

The intention of this assessment is to increase the scope of the Lyon-Martin Health Services and Women's Community Clinic outreach program. We would like to know your opinion on wellness workshop topics which would best benefit outreach clients. Your feedback will be used to develop a patient needs assessment and ultimately develop a workshop to address health and wellness. Please give your honest opinions. All responses are appreciated and will help to improve health outcomes and patient experiences. Thank you!

Please check a box:

	Never	Sometimes	Once a week	At least once a day
How often do you encounter patients who deal with health threatening stressors on an everyday basis				
How often do your patients report having little to no support system?				

Do you think outreach clients would benefit from health and wellness education?

Circle one: YES NO

Additional Comments:

Do you think outreach clients would benefit from an art/wellness workshop series?

Please circle one:

(1 meaning little to no benefit) 1 2 3 4 5 (5 meaning highly beneficial)

Are there any specific health and/or wellness topic(s) you think outreach clients would benefit from?

What are the primary health concerns experienced by your patients?

What are some of the common primary concerns for your patients during the Fall and Winter and how would we address that?

Additional comments or concerns: _____

Appendix B
Lyon-Martin Health Services and Women's Community Clinic
Outreach Program Population Needs Assessment

Lyon-Martin Health Services and Women's Community Clinic is currently looking to add a new initiative to their outreach program. The outreach program currently offers numerous initiatives including Femmes and Friends, Kick Up Your Feet, Street and SRO Outreach, A Women's Place clinic on Tuesday afternoons, and Pose Group. We would like to know your opinion on the ways we can best serve YOU. Your feedback will be used to create a new workshop series to address health and wellness. Please give your honest opinions. All responses are appreciated. Thank you!

Please check a box:

	Never	Sometimes	Once a week	At least once a day	Several Times a day
How often do you personally experience a need for health care and have difficulty accessing care?					
How often do you experience situations which may negatively affect your health?					
How often do you have a negative experience with a health worker or resource provider (housing, food, health supplies)?					
How often do you find yourself unable to communicate your health needs to a clinician or health worker?					

Circle one:

Do you currently have someone you feel comfortable discussing your worries and concerns with? YES NO

Do you currently have a stress management method that you use regularly?
 YES NO

Have you experienced a negative event within the past year which has affected your housing situation? YES NO

Do you currently have health insurance? YES NO

Do you currently have a primary care provider you see regularly? YES NO

HEALTH EDUCATION FOR HOMELESS marginally HOUSED WOMEN

Would you or someone you know benefit from health and wellness education?

YES

NO

Additional Comments:

How do you feel about an art/wellness workshop series?

Please circle one:

1

2

3

4

5

How important is your health to you?

Extremely Important

Moderately Important

Not Important

Very Important

Slightly Important

What are some of your primary health concerns during the Fall and Winter?

Are there specific health and/or wellness topic(s) you would like to learn?

Please circle any of the topics/activities you may be interested in:

Journaling

Wound care

Art Activities (painting, coloring, and various art projects)

Vision board

Sleep

Chronic pain management

STI Education (when to get tested, why you should get tested, & coverage)

Immunizations

Self-defense

Fall risk

Breathing techniques

Stress Management

Cold & Flu hygiene and care

Yoga

Winter Resources

Nutrition on a low budget

Assistance with federal assistance applications

Trauma- Informed Mindfulness

Back Pain

Diabetes foot care

Self defense

Self-Massage

Please list any topics you may have questions about:

Appendix C
Lyon-Martin Health Services and Women's Community Clinic
Outreach Program Population Needs Assessment

The intention of this assessment is to increase the scope of the Lyon-Martin Health Services and Women's Community Clinic outreach program. We would like to know your opinion on wellness workshop topics which would best benefit outreach clients. Your feedback will be used to develop a patient needs assessment and ultimately develop a workshop to address health and wellness. Please give your honest opinions. All responses are appreciated and will help to improve health outcomes and patient experiences. Thank you!

Please check a box:

	Never	Sometimes	Once a week	At least once a day
How often do you encounter patients who deal with health threatening stressors on an everyday basis			1	5
How often do your patients report having little to no support system?		1	1	4

Do you think outreach clients would benefit from health and wellness education?

Circle one: YES (6) NO Additional Comments:

Responses

1. It would be very helpful for clients to learn basics of nutrition (on an EBT/environment-limited budget), basic strength/ range of motion exercises for home that require no home equipment and can be ___?___ to suit clients who can't stand for extended periods.
2. Yes, but getting them to participate is another whole subject.

Do you think outreach clients would benefit from an art/wellness workshop series?

Please circle one: (1 meaning little to no benefit) 1 2 3 4 (1) 5 (5) (5 meaning highly beneficial)

Are there any specific health and/or wellness topic(s) you think outreach clients would benefit from?

Responses

2. Wound care, exercise, nutrition, trauma-informed mindfulness, self-massage for chronic pain, basic foot care for diabetes
3. STI Education sessions & DM education sessions

What are the primary health concerns experienced by your patients?

Responses

1. Psychosocial stressors and mental health concerns (anxiety, depression, & PTSD), nutritional deficiencies, substance use disorders, imbalanced power dynamics in sexual relationships and/or lack of knowledge about STIs.

WOMEN

2. Homelessness-Mental Health Issues

3. Housing, access to medication, getting themselves appointments

4. Food access, HIV+ group, trans immigrants group, trans POC group, trans sex workers feel isolated- may benefit from a group, needle exchange, AA &/or alanon groups, trans masc/Non-binary group, transfer/NB group, dating or cruising group, queer BDSM /kink Group, surgery education groups or support group, DV or survivors group, employment support/ resumes/interview practice.

What are some of the common primary concerns for your patients during the Fall and Winter and how would we address that? Responses

5. Cold and flu- basic hygiene & home care for cold and flu, depression and anxiety- trauma informed mindfulness, some breakdown/discomfort needed to wet clothing.

6. Housing, food, and bathroom

7. Isolation- food/parties around the holidays

Additional comments or concerns:

Responses

1. A lot of Patients don't know much about STIs/ how they're transmitted, when to get tested (and how) why they need pap smears etc. This would be really helpful for them. Thank you! I know this is a lot and I don't expect miracles but glad you are here!

WOMEN

Appendix D
Lyon-Martin Health Services and Women's Community Clinic
 Outreach Program Population Needs Assessment

Lyon-Martin Health Services and Women's Community Clinic is currently looking to add a new initiative to their outreach program. The outreach program currently offers numerous initiatives including Femmes and Friends, Kick Up Your Feet, Street and SRO Outreach, A Women's Place clinic on Tuesday afternoons, and Pose Group. We would like to know your opinion on the ways we can best serve YOU. Your feedback will be used to create a new workshop series to address health and wellness. Please give your honest opinions. All responses are appreciated. Thank you!

Please check a box:

	Never	Sometimes	Once a week	At least once a day	Several Times a day
How often do you personally experience a need for health care and have difficulty accessing care?	4	6 every two weeks Every few months	1	1 at night	1 Up until recently when I became a health right 360 patient 6 months ago. Now it is about once a day.
How often do you experience situations which may negatively affect your health?	1	7			5 abuse and denial of resources
How often do you have a negative experience with a health worker or resource provider (housing, food, health supplies)?	4	4	1	1 Access to public transit for disability. Shelters & hospitals	3 Commonly experienced in shelters. Mainly because of unqualified staff, lack of education, communication skills, and social skills.
How often do you find yourself unable to communicate your health needs to a clinician or health worker?	8	3		1	1

Circle one:

Do you currently have someone you feel comfortable discussing your worries and concerns with? YES (10) NO (3)

WOMEN

Do you currently have a stress management method that you use regularly?

YES (11) NO (2)

Additional comments

1. Therapy (2)

Have you experienced a negative event within the past year which has affected your housing situation? YES (9) NO (4)

Do you currently have health insurance? YES (12) NO (1)

Do you currently have a primary care provider you see regularly? YES (10) NO (3)

Would you or someone you know benefit from health and wellness education?

YES (10) NO (3)

Additional Comments:

Responses

1. I would attend even if it was something I already knew about because of refreshers.

4. Maybe depending on coverage.

5. Health care workers should be receptive

6. College students

How do you feel about an art/wellness workshop series?

Please circle one: 1 2 (1) 3(1) 4(3) 5(8)

How important is your health to you?

Extremely Important (9) Moderately Important Not Important

Very Important (4) Slightly Important

What are some of your primary health concerns during the Fall and Winter?

Responses

1. Anxiety Attacks

2. Dry Skin

3. Untreated diagnosis; Cost+ treatment + time

4. Pollen, cough drops, flu shot

5. Cold weather & blankets

6. Housing

7. Cold & Flu, weather exposure, staying alive

8. Staying warm, healthy (possibility of hospitalization)

9. Warm weather clothing (hats, gloves, and blankets), food, activities, and money

10. Strep throat, nasal drip, and metabolism

WOMEN

Are there specific health and/or wellness topic(s) you would like to learn?

Responses

1. Aging
2. Advocacy for self- health medical. What questions to ask. Everyone does not know what they can do or ask. Why am I feeling this way, systematic? Budgeting- High and low Costs in pharmaceuticals in relationship to long or short care.
3. Addiction management & positivity
4. Keeping your mind active- age 50+
5. Health and Body
6. Wellness- stress relief
7. Drug usage (narcotics) dependence as a choice why choose drugs.
8. Mental health as a factor for substance abuse.
9. Wellness activities

Please circle any of the topics/activities you may be interested in:

Journaling (8) Vision board (5) Chronic pain management (6)

Breathing techniques (8) Yoga (7) Nutrition on a low budget (8) Back Pain (6)

Self defense (8) Wound care (5) Sleep(6) Sleep apnea

STI Education (when to get tested, why you should get tested, & coverage) (6)

Stress Management (7) Winter Resources (7)

Assistance with federal assistance applications (6)

Art Activities (painting, coloring, and various art projects) (8)

Immunizations (8) Fall risk (5) Cold & Flu hygiene and care (7)

Trauma- Informed Mindfulness (6) Diabetes foot care (3) Self-Massage (9)

Please list any topics you may have questions about:

Appendix E
Art & Wellness Class Pilot Curriculum

Session #	Activity	Health Topic	Description
1	Make your own sleep mask	Sleep Hygiene	Decorate your own eye mask. Learn about Sleep Hygiene and participate in progressive muscle relaxation.
2	Pastel Art Activity	Preventing cervical cancer	Practice blending using oil pastels and discuss the screening and prevention of cervical cancer.
3	Dance workout	Exercise	Complete a dance workouts and learn fun ways to stay active.
4	Decorate pumpkins	Air quality/ Wild Fire Smoke	In celebration of Halloween participants will decorate pumpkins and discuss air quality. Participants will also receive face masks.
5	Abstract pastel art activity	Colorectal cancer/ FIT Test	Create an abstract art piece using oil pastels and discuss colorectal cancer screening.
6	Restorative Yoga	Exercise	Complete a restorative yoga session and discuss exercise.
7	Painting	Hepatitis C	Session includes a guided painting activity and a health lesson on Hepatitis C.

Appendix F

Art & Wellness Class Curriculum

Description

Each session will have a meal served, art or movement activity, and health education with an infographic available for clients to keep. Each session lasts one hour.

Operations

Before Workshop

1. Choose activity and corresponding infographic
2. Discuss infographic with clinician
3. Prepare food
4. Announce Art & Wellness Class at a Woman's Place Drop-In Center.
5. Set up space
 - a. For movement activities provide water. You may need a projector and/or speaker.

During Workshop – Art Activity (Takes place at A Woman's Place Drop-In Center)

1. Sign in participants
2. Offer participants who are not Lyon-Martin Health Services patients a “New Patient Registration” form for billing purposes.
3. Distribute food
4. Describe art activity
5. If participants complete activity early offer them an infographic.
6. Introduce clinician who will lead health education discussion
7. Close out Workshop.
8. Place art pieces on patient art wall.

During Workshop- Movement Activity (Takes place within the large conference room at LMHS & WCC)

1. Sign in patients as they arrive
2. Offer food before or after exercise.
3. Follow guidelines/ instructions specific to activity

Activities with Specific Health Topics

Health Topic	Activity	Session goal and description	# of Sessions	Key ideas
Sleep Hygiene	Decorate your own eye mask	Decorate your own eye mask. Learn about Sleep Hygiene and participate in progressive muscle relaxation.	1	-Wellness -Social support
Diabetes foot care	Foot stretching and massage	Learn about diabetic & general foot care including stretching and massage.	1	-Social -Diabetic Care
Back Pain & Joint Health	Restorative Yoga	Learn restorative yoga techniques to help prevent and relieve back pain.	1	-Movement -Pain management
Exercise	Dance workout	Complete a dance workouts and learn fun ways to stay active.	1	-Social -Exercise/ movement -Benefits of exercise
Mindfulness	Sculpture and practicing breathing technique & grounding	Participants practice a breathing exercise and create their own clay figure (small dish, bowl, or sea shell) In the second session clients paint their figures.	2	- Art - Relaxation - Stress - Mindfulness
Staying Active for seniors & improving circulation	Chair stretch/ yoga	Participants learn chair yoga.	1	-Exercise for seniors -Circulation
Relaxation	Grounding techniques	Patients practice meditation.	1	-Self-care -Mental Health

Unmatched Activities and Topics

Activities

Painting	Ex: Glue/crayon flower
Pastel art project	Ex: Provide pastels and colored paper. Facilitator can provide an art example (abstract activity, floral, landscape).
Origami	Ex: Provide Origami Paper and provide various origami options.
Decorative paper quilt	Ex: Provide Origami Paper and create a paper quilt which can be added to overtime.

Health Topics

Air Quality (Wild Fires)- Provide face masks

Hepatitis A, B, &C

Wound Care- Offer first aid materials

Breast Cancer

Colorectal Cancer/ FIT Test

Cervical Cancer/ PAP Smear

STI Testing

Appendix G



Appendix H



Appendix I

Lyon-Martin Health Services and Women's Community Clinic
Post-Workshop Questionnaire

Workshop Title: _____

Please circle your response to each question below:

1. Age Range

18 to 24

25 to 33

34 to 39

40- 60

60 plus

2. Was learning about this health topic while doing art helpful?

Yes

No

3. As a result of this workshop I have a better understanding of the topic:

Agree

Disagree

OR

I was already familiar with this topic and have a better understanding of the topic.

I was already familiar with this topic and do not have a better understanding of the topic.

4. How likely are you to practice this activity after today?

Very Likely

Likely

Unlikely

Very Unlikely

5. How beneficial was this work shop to you?

Extremely beneficial

Moderately Beneficial

Not at all Beneficial

Very Beneficial

Slightly Beneficial

6. Did you feel welcome and safe?

Yes

No

7. Would you recommend this workshop to others?

Yes

No

8. How was our delivery?

I needed more time

Talk slower

Everything was great

Move along faster

9. Additional Comments or concerns:

Thank you for your participation!